

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER		
TYPIST	339	5/21/93
VERIFIER	400	5/25/93
CORPS CORR.		
SPEC. HAND	51	65-11-93
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	7/26/93	8/21/94	4/1/95	7/17/95	11/4/96	5/14/97	9/27/97
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Final	Original	Date
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